Food Establishment Inspection Report

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Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		0	Date	02/14/2023			
Logan County Department of Public Health				Time In	9:45 AM			
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317			N					
Establishment	Permit #	No. of Repeat Risk Factor/Intervention Violations		0	Time Out	10:45 AM		
Oasis Senior Center 232			Permit Holder Risk Category					
Street Address			Senior Citizens of Logan County, Inc. High/Class I					
2810 Woodlawn Rd.	Purpose of Inspection							
City/State ZIP Code			Routine Inspection					
Lincoln, IL 62656								
ECODRODNE ILLNESS DISK EACTORS AND DURING HEALTH INTERVENTIONS								

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

	CO3=	-corrected on-site during inspection k =repeat violatio	11	
Co	mpliance Status		cos	R
		Supervision		
1	In	Person in charge present, demonstrates knowledge, and performs duties		
2	In	Certified Food Protection Manager (CFPM)		
		Employee Health		
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	In	Proper use of restriction and exclusion		
5	In	Procedures for responding to vomiting and diarrheal events		
		Good Hygienic Practices		
6	In	Proper eating, tasting, drinking, or tobacco use		
7	In	No discharge from eyes, nose, and mouth		
		Preventing Contamination by Hands		
8	N/O	Hands clean and properly washed		
9	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	In	Adequate handwashing sinks properly supplied and accessible		
		Approved Source		
11	In	Food obtained from approved source		
12	N/O	Food received at proper temperature		
13	In	Food in good condition, safe, and unadulterated		
14	N/A	Required records available: shellstock tags, parasite destruction		
	*	COOD	DET	ΓΛΙΙ

Co	mpliance Status		cos	R			
	Protection from Contamination						
15	In	Food separated and protected					
16	In	Food-contact surfaces; cleaned and sanitized					
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food					
Time/Temperature Control for Safety							
18	N/O	Proper cooking time and temperatures					
19	N/O	Proper reheating procedures for hot holding					
20	N/O	Proper cooling time and temperature					
21	N/O	Proper hot holding temperatures					
22	In	Proper cold holding temperatures					
23	In	Proper date marking and disposition					
24	N/A	Time as a Public Health Control; procedures & records					
		Consumer Advisory					
25	N/A	Consumer advisory provided for raw/undercooked food					
		Highly Susceptible Populations					
26	N/A	Pasteurized foods used; prohibited foods not offered					
93	Food/Color Additives and Toxic Substances						
27	ln	Food additives: approved and properly used					
28	ln	Toxic substances properly identified, stored, and used					
Conformance with Approved Procedures							
29	N/A	Compliance with variance/specialized process/HACCP					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

	· · · · · · · · · · · · · · · · · · ·	cos	R
	Safe Food and Water		
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
	Food Temperature Control		
33	Proper cooling methods used; adequate equipment for temperature control		į.
34	Plant food properly cooked for hot holding		(
35	Approved thawing methods used		
36	Thermometers provided & accurate		/:
	Food Identification		
37	Food properly labeled; original container		
	Prevention of Food Contamination		
38	Insects, rodents, and animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		

		cos	R
	Proper Use of Utensils		
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored and used		
46	Gloves used properly		
	Utensils, Equipment and Vending		
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48	Warewashing facilities: installed, maintained, & used; test strips	,	
49	Non-food contact surfaces clean		
	Physical Facilities		
50	Hot and cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage and waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, and clean		
56	Adequate ventilation and lighting; designated areas used		
	Employee Training		
57	All food employees have food handler training		
58	Allergen training as required		

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Establishment: Oasis Senior Ce	nter		Establishmen	nt #: 232	
Water Supply: Nublic Public	Private Waste	Water System: 🛛 Public 🗌	Private		
Sanitizer Type: Chlorine		PPM: 100		Heat:	
		TEMPERATURE OBSERVA	ATIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F					
All Cold Holding Units ≤	41				
Mayo in left side in walk in fri	dge 38				
pickles in right side of walk i	in				
fridge	39				
Whipped cream in right side	of				
double door fridge in coffee a	rea 36				
	OBS	SERVATIONS AND CORRECT	IVE ACTIONS		
Item Number	Violations	cited in this report must be correc	ted within the t	ime frames below.	
		No violations were noted of	luring inspecti	on.	
CFPM Verification (name, exp	iration date, ID#):	I			
Krista Miller- present					
HACCP Topic: Discussed stora	ge and labeling of to	oxic materials in establishment			
KMill	1 ~				
	Feb 14, 2023				
Person in Charge (Signature)		Date			
Juk		Follow-up: ☐ Yes [☑ No (Check on	ne) Follow-up Date: N/A	
Inspector (Signature)				•	